

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001928

1. Entity Name
DKB REALTY, L.L.C.

Principal Place of Business
4030 NE JOE'S POINT ROAD
STUART FL 34996

Mailing Address
1820 NE JENSEN BCH BLVD
PMB 626
JENSEN BEACH FL 34957-7212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

BEARD, DONESE K
131 N.W. 73RD TERRACE
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name DONESE K. BEARD

Street Address (P.O. Box Number is Not Acceptable)

2283 NW 22 AVE. #103

City STUART

FL

Zip Code 34994

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

DONESE K. BEARD DONESE K. BEARD

4/12/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME MGRM
STREET ADDRESS BEARD, LTD.
CITY- ST- ZIP 131 N.W. 73RD TERRACE
PLANTATION FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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NAME
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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS BEARD, LTD.
CITY- ST- ZIP 4030 NE JOE'S POINT ROAD
STUART, FL 34996 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DONESE K. BEARD DONESE K. BEARD

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)